

SENIOR CITIZENS AGING SERVICES FY-2010
 INTAKE, PROFILE AND REFERRAL (IPR) RECORD CHANGE AND SERVICE UPDATE FORM
 PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.

Use of this form will record a change or a program service update to a client's Intake, Profile and Referral form or to previously processed Record Change and Service Update forms. Requested changes should be supported with proper documentation i.e. marriage certificate, Mayor's Verification, etc. Please check below the applicable change(s).

	RECORD CHANGE		SERVICE UPDATE CHANGE
1. Name (Last, First, Middle Initial)		3. Date of Birth (MM/DD/YR)	
2. Social Security Number (000-00-0000)		4. Effective Date of Action (MM/DD/YR)	

A. CLIENT INFORMATION (RECORD CHANGE)		
	FROM	TO
Home Address		
Mailing Address		
Telephone Number		
Marital Status		
Living Arrangement		
Special Needs		
Mobility Status		
Health Status		
Allergies		
Undergoing Treatment		
Income Level		

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B. SERVICES REQUESTED (IPR SERVICE UPDATE(S))
 Check the appropriate program(s) and/or indicate the non-aging specific program, and describe the change in service to include effective date of period change, and duration of change.

AGING PROGRAM	DESCRIPTION OF SERVICE UPDATE
<input type="checkbox"/> Adult Day Care	
<input type="checkbox"/> Adult Day Care – Dementia Specific Center	
<input type="checkbox"/> Case Management Services	
<input type="checkbox"/> Elderly Nutrition Program – Congregate	
<input type="checkbox"/> Elderly Nutrition Program – Home Delivered	
<input type="checkbox"/> Guam Medicare Assistance Program	
<input type="checkbox"/> In-Home Services	
<input type="checkbox"/> Legal Assistance Services	
<input type="checkbox"/> National Family Caregiver Support Program	
<input type="checkbox"/> Senior Center Operations	
<input type="checkbox"/> Transportation Services	
<input type="checkbox"/> Other Social Svcs or Community Based Svcs Specify: _____	

C. CAREGIVER INFORMATION (RECORD CHANGE)

	FROM	TO
Name of Caregiver		
Telephone Number		
Relationship to Client		


D. GUARDIAN / AUTHORIZED REPRESENTATIVE INFORMATION (RECORD CHANGE)

	FROM	TO
Name of Guardian / Authorized Representative		
Telephone Number		
Relationship to Client		

Client's Name: _____ SSN: _____

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E. EMERGENCY CONTACT NUMBER (RECORD CHANGE)		
	FROM	TO
Name of Emergency Contact		
Telephone Number		
Relationship to Client		
F. HIGH RISK CLIENTS UNDER EMERGENCY DECLARATION (RECORD CHANGE)		
	FROM	TO
Specify High Risk		

J. CLIENT'S HOME (RECORD CHANGE)
<u>DRAW A MAP TO THE CLIENT'S HOME</u> (Indicate primary and secondary access roads, type and color of the house, if fenced, landmarks such as adjacent to or across from the village community center, store, bus stop, etc.)
<p>North</p> <p>West  East</p> <p>South</p>

INTAKE INFORMATION		PROGRAM MANAGER	
Name of Intake Worker		Name of Program Manager	
Signature of Intake Worker		Signature of Program Manager	
Date of Intake		Date of Review	
Organization		DISPOSITION	
Aging Program		<input type="checkbox"/> APPROVED Effective Date: _____	
Contact No.		<input type="checkbox"/> DISAPPROVED Reason: _____	
Date Forwarded to Program Manager			

Client's Name: _____ SSN: _____